1/36562

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
, , , , ,			
PICK-UP WAIT MAIL			
<u> </u>			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



400209108874

06/27/11--01014--008 **35.00

11 JUN 27 AM ID: 91.

RA. Change C.COULLIETTE

JUN 29 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Sun Terrace at the Lakes Homeowners Association, Ir			
DOCUMENT NUMBER: N36562			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Deborah Ross, Esquire			
Name of Contact Person			
Ross Earle & Bonan, P.A. Firm/Company			
789 S Federal Highway, Suite 101			
Address			
Stuart, FL 34994 City/State and Zip Code			
City/state and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Deborah Ross at (772) 287-1745			
Deborah Ross at (772) 287-1745 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			
Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St inge is submitted for a corporation organized under the laws of the State of $\frac{F}{F}$ or to change its registered office or registered agent, or both, in the State of Flo	lorida
1. The name of t	the corporation: Sun Terrace at the Lakes Homeowners As	sociation, Inc.
	office address: 1210 NW Sun Terrace Circle Lucie, FL 34986	
3. The mailing a	ddress (if different): same as above	
4. Date of incorp	poration/qualification: 02/12/1990 Document number:	N36562
	I street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	the
	Deborah Ross	
	759 S Federal Highway, Suite 212	
	Stuart, FL 34994	ث
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	SECRETARY OF STATE OF STATE OF COSPERATE OF COSPERATE OF COSPERATE OF STATE
	Ross Earle & Bonan, P.A.	Figure 27
	789 S Federal Highway, Suite 101	A 29 3 3 4 3 3 3 3 3 3 3 3 3 3
	P.O. Box NOT acceptable Stuart, FL 34994	TATIL
The street addre	ess of its registered office and the street address of the business office of its be identical.	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	officer so
Signatu	re of abothicer or director C. B. Altwo	EIN Was.
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp d I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	
- Grand	nature of Registered Agent Date	
If signing on be	half of an entity:	
	H BONAN, ESQ. yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *